



École Dugald School

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Jacqueline Julien

Principal
Directrice

Kimberly Freynet

Vice-Principal
Directrice-Adjointe

February 8, 2011

Dear Grade 6 Parents/Guardians,

On February 7, 2011, several parents attended a meeting regarding camp for the grade 6 students. At that meeting, Shawna, the Camp Arnes Director, presented an informative presentation of life at Camp Arnes. Here are some of the more important points of that meeting:

- The students will be going to Camp Arnes **Wednesday, June 1, 2011 to Friday June 3, 2011.**
- The camp is located 19 kms North of Gimli.
- In May a complete list of what each student will need to bring with them will be sent home.
- Please complete the attached **Parent Consent Form**, and return it to your child's homeroom teacher by **Friday February 18, 2011.**

Thanks to a generous donation of \$500.00 from Parents for École Dugald School, we have been able to reduce the cost for the students. The cost of this year's camp will be \$155.00 per student. **We are asking that you send a \$30.00 non-refundable deposit with the consent form.**

We are in need of two adult male supervisors to accompany the students on this outing. If you are able to join us, please send a note to your child's homeroom teacher. Volunteers will be contacted by the school.

As mentioned at the information night for Camp Arnes, chocolates will be sold for those who want to individually fundraise for their children. The bars were given to the school from the magazine sales. There are 24 bars in each case (\$2.00 per bar). All of the money raised is clear profit and will be deducted from your child's Camp fee. If you do not wish to participate at this time, that is your choice. If you were unable to attend the information night and would like the opportunity to sell chocolates, please send a note with your child.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Julien'.

Jacqueline Julien
Attachments (1)



**SUNRISE SCHOOL DIVISION
HIGHER CARE/EXTENDED CARE FIELD TRIP
PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

SCHOOL NAME: École Dugald School

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.

If this form is not signed and returned to the school by February 18/11, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP: Grade 6 Camp Arnes DATE(S): June 1 to 3, 2011 OR

SERIES OF OFF-SITE ACTIVITIES (Specify program): Outdoor Education

TEACHER-IN-CHARGE: Mrs. Chavez/ Mme. Kiazky PHONE: 853-7929 E-MAIL: cchavez@sunrisesd.ca

SUNRISE SCHOOL DIVISION RESPONSIBILITIES

The Division will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

What would normally be expected with these types of activities. Possible sprains, breaks

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: School Bus By: Sunrise School Division
2. I accept this mode of transportation for this activity: Yes ☐ No ☐
If no, specify alternative: _____
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
5. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
6. In the event my child fails to abide by these rules and regulations, arrangements could be made to have them sent home at the expense of the parents/guardians.
7. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.
5. I acknowledge that the Division may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the division will not be liable for any costs associated with such a cancellation.
6. I consent that the Division, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that
(Name of Student) _____ has my permission to participate in the
_____ field trip/program.

Date: _____ Name (Please print): _____ Signature: _____

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: _____

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: _____

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such): _____

Other Health/Medical/Dietary Concerns: _____

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Does your child currently have an Individual Health Care Plan (IHCP) with Sunrise School Division? ☐ Yes ☐ No